



Number OF Transactions: 1
 Beneficiary Name: ZACHAROPLASTION ARISTON LTD
 Beneficiary IBAN: CY03008001010000000000008041
 Payment Mode: Bank Transfer
 Commission Value: 5.00
 Reference Number: SO - 638039
 Date/Time: 2021/07/29 03:50
 Beneficiary Bank Name: AstroBank Limited

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/28	ENGOMI	15:54	4371189	744845	Cashier	ENGOMI	7.20	0.36	0.05	6.79
		Total/Branch					7.20	0.36	0.05	6.79
	Total/Date						7.20	0.36	0.05	6.79
Total							7.20	0.36	0.05	6.79